

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52091

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			II			
4			II			
5			1			
6			II			
7			II			
8			II			
9			II			
10			1			
11			II			
12			II			
13			II			
14			II			
15			II			
16			II			
17			II			
18			II			
19			1			
20			1			
21			II			
22			II			
23			II			
24			II			
25			II			
26			II			
27			II			
28			II			
29			1			
30			1			
31			II			
32			II			
33			II			
34			II			
35			1			
36			II			
37			II			
38			1			
39			1			
40			1			
41			II			
42			II			
43			1			
44			II			
45			1			
46			II			
47			II			
48			1			
49			1			
50			1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			████████		████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52					1	
53						
54					1	
55						
56			II			
57			II			
58					1	
59						
60						
61			1			
62					9	
63						
64					1	
65						
66					1	
67			1			
68			II		II	
69			II		II	
70						
71						
72						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		8	↓
TOTAL DEP.			←		17	←
TOTAL CLAIMS			████████		25	████████